



AKSI STOP AIDS PROGRAM
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1. INTRODUCTION

Efforts to prevent HIV/AIDS in Indonesia through behavior change communication and intervention have been going on, under the aegis of various international and local agencies, both government and nongovernment, for more than 10 years. Why, then, has there been so little change in the kinds of high-risk behavior associated with the spread of the virus? To attempt to answer this question, ASA's technical and program staff spent much of the month of March conducting an intensive review of the program's BCI program. The process, which included a one-day seminar for some 70 stakeholders from the GoI, NGOs, and other donor organizations, resulted in a realignment of strategies and coverage for all target groups.

Other highlights this quarter included the public HIV/AIDS awareness campaign that centered around a powerful exhibition of photographs of people with HIV/AIDS at the House of Representatives (DPR) complex. As well as raising awareness of the issues among the nation's legislature, the event significantly boosted the profile of people with HIV/AIDS, who spoke of the discrimination they face and the reality of living with the virus.

2. PROGRAM IMPLEMENTATION AND ACHIEVEMENTS

This section outlines the activities that have been implemented in support of each of the five key result packages (RP) during this quarter.

RP1: Increased Risk Reduction Behavior and Practices

Female Sex Worker Peer-led Interventions and Client Interventions

The large-scale program of Basic Outreach Skills Training continued through February, with a further 148 field coordinators and outreach workers from newly-contracted IAs being trained this quarter. Additional BOST training for new outreach workers that have been recruited since the original round of training will be implemented in Surabaya and Jayapura during the next quarter.

Basic Outreach Skills Training

Location	Dates	No. of participants
Tanjung Pinang	8–12 January 2003	36
Medan	16–29 January 2003	31
Jakarta	24–28 January 2003	29
Jakarta	24–28 January 2003	30
Ambon	18–21 February 2003	22

The highlight of March was an ambitious review of the ASA Behavior Change Intervention strategy. The objective was to review how HIV/AIDS prevention through behavior change has been effected in Indonesia over the last 10 years, and, in light of studies indicating that less than 20% of people practicing high-risk behaviors have been

reached, how to refocus and realign interventions in Indonesia. A secondary objective was to build alliances and communication networks between organizations to share information and develop new strategies for BCI.

The intensive 3-week effort to develop a new BCI strategy for the ASA Program included a one-week workshop for ASA staff facilitated by two BCI experts from FHI ARO, and a one-day “summit” meeting to promote collaboration for a total of 70 people representing MoH agencies, bilateral programs, international organizations, local and international NGOs, the mass media and condom companies involved in HIV/AIDS prevention in Indonesia. The new strategy will entail a realignment of coverage and some changes in approach; for example, future interventions will focus more on clients and the private sector, with approaches being made to groups rather than individuals as before. These activities will be supported with a variety of new IEC materials and a redesigned prevention marketing program. The new strategy will be introduced to ASA staff and NGOs in the provinces over the next quarter.

Some new IEC media were developed over this quarter, including a notepad featuring a prevention message in the form of a comic strip, which is aimed at clients. These, and other media, were distributed to all ASA IAs and to other NGOs on request.

Healthy Ports and Highways

The Healthy Ports and Highways initiative has been running very well in Bitung Port, along the Bitung-Manado highway (a part of the trans Sulawesi highway) and along ten kilometers of the Jalur Pantura in Tegal, Central Java. Activities have also started in Deli-Serdang along the trans Sumatra highway, in the Tanjung Perak port of Surabaya, and in the Tanjung Priok port of Jakarta.

The activities in Bitung-Manado have reached approximately 2,300 sailors and fishermen, 2,200 truckers and 650 female sex workers. Both the Bitung KPAD and a number of private companies have been actively involved.

In Tegal, over 500 street-based and entertainment-based female sex workers, and about 200 truckers have been reached. Advocacy efforts directed to important stakeholders along the Pantura have also been undertaken.

In both locations, STI clinics have continued to provide services to the target audiences.

MSM Activities

A comprehensive behavior change intervention for *waria* in Jakarta continued with over 990 contacts this quarter. STI clinical services provided examinations for 182 *waria*. Activities for gay men will follow shortly. Efforts have focused on improving behavior change communications (including IEC materials), increasing access and use of condoms, strengthening of STI services, and pilot VCT and care and support activities.

Similar programs for both *waria* and gay men reached a total of 2,800 in Bandung and 500 in Malang. In Surabaya activities involving 2230 gay men have also continued throughout this quarter.

Uniformed Services

Final preparations for the BSS among the uniformed services were made this quarter. In March, training took place on 18–19 February at the Ministry of Defense's KPA (KPA DepHan) for the BSS team of 32 doctors and military police. The training was carried out by a team consisting of MoH, BPS Statistics Indonesia and ASA staff.

The questionnaire was pretested in Jakarta, then reviewed and finalized. This was followed by three weeks of mapping the military and police populations in Jayapura, Ambon, and Tanjung Pinang/Batam. The BSS will get underway at these sites in April.

Prevention Marketing

AC Nielsen's evaluation of the mass media campaign indicated that it was well on the way toward success, but was cut off prematurely before achieving its full potential. Acceptance was measured at over 86%. Television proved to be the most effective medium for communicating prevention messages. Initial preparations are being made to bring representatives from the KPA, MoH and religious leaders together to discuss the possibility of re-broadcasting the commercials that were taken off the air after pressure from certain religious groups last year.

The results both from this evaluation and from the BCI workshop on 10–23 March (see above) are providing valuable input for the development of a revised prevention marketing strategy.

Strategies targeting IDU

A number of training events took place this quarter, starting with Indigenous Leader Outreach Management (ILOM) training in Bandung for 18 participants on 6–10 January. This was followed by booster training at CHR UI for 35 volunteers—all of whom are or were IDUs—who will be assisting UI's outreach program.

Later in the month, on 27–28 January, ASA Partner Macfarlane Burnet Institute sponsored a workshop on advocacy for harm reduction. The participants, mostly representing NGOs, were drawn from a wide area, including all the ASA target provinces, a number of IHPCP target provinces, and Yogyakarta. The workshop, facilitated by Dave Burrows, focused on ways of designing advocacy programs specifically for each area, and participants were asked to draw up an action plan. ASA will follow these up with its IAs over the next quarter.

Outreach workers in Manado received booster training on 24–28 February, designed to build their capacity and confidence. For those working with IDUs, this focused on carrying out individual risk assessments and dealing with overdoses, whilst those who also work with FSW were helped to develop strategies for approaching managers of bars and other entertainment centers to promote 100% condom use.

The issue of 100% condom use was also the subject of a meeting with bar, restaurant, pub and disco owners in Manado. Further action on this will be coordinated by the local Tourist Service and the ASA Program office in Manado.

ASA staff have been assisting the government in the formulation of the National Guidelines for Harm Reduction. Based on the WHO Harm Reduction Manual, the Guidelines will consist of four books; ASA has provided input on advocacy and training.

ASA has developed a proposal for a pilot project and the Standard Operating Procedures for a needle exchange program. Although this has the support of the MoH, it cannot proceed any further while the prevailing laws, which make it a criminal offense to possess needles without a prescription, are still in place.

This issue was addressed at a National Police Workshop on Harm reduction, held on 21–22 January. Organized by ASA partner, the Asian Harm Reduction Network (AHRN), this meeting brought together various elements of the criminal justice system, including representatives from the national Police Headquarters, the police forces of Jakarta, Surabaya and Manado, and the National Narcotics Agency (BNN). Although the police are, in principle, open to the concept of outreach to IDUs, under the current laws, outreach workers still run the risk of arrest unless a formal MOU between the police, BNN and the KPA can be put in place. This is now being negotiated.

ASA is also working with the Ministry of Justice and Human Rights and the IFPPD to draft changes to the Narcotics Law, beginning with a review of various laws of other countries that are linked to narcotics and human rights. This issue will also be taken up at the Harm Reduction Conference in Chiang Mai, Thailand, in April. ASA will sponsor a number of people to attend this conference, including representatives from BNN, MoH and IFPPD.

Pending the introduction of a less repressive approach towards injecting drug users, staff from the Manado program office are trying to find ways of ensuring that outreach workers working with IDUs are less vulnerable in the field. To avoid the possibility of arrest, they are arranging with the local police and KPAD to issue identity cards to outreach workers working with IDUs. And they are developing a referral system for overdose cases: given that IDUs who suffer overdoses are not infrequently arrested in hospital, along with the people who accompany them there, there is a need for a list of doctors who can be contacted instead in an emergency. The director of a recently opened drug dependency hospital has expressed his willingness to assist with this.

Initial discussions were held with Peter Miller of PATH on the possibility of a collaboration between PATH, the Hopkins Group and ASA on joint programming for safe injection practices. This would likely include a mass media campaign and similar public education activities.

Ethnography was the topic of a meeting on 19 February with program managers from CHR UI and PKPM Atma Jaya. Getting an accurate picture of the specific characteristics of each location—patterns of use, social networks, etc.—is a necessary adjunct to intervention programs to assess their impact.

PLWHA Involvement

Yayasan Spiritia worked closely with ASA and other agencies to organize the exhibition of photographs of people with HIV/AIDS which was held at the House of Representatives (DPR) complex from 17–21 February. The exhibition and accompanying seminars, workshops and discussion succeeded in giving both House members and the public a more accurate perception of PLWHA and GIPA principles.

ASA's GIPA specialist is now working with the *Tim Inti Tegak Tegar*, a new, independent GIPA group formed by the people who were portrayed in the exhibition. They are playing an active role in getting the exhibition displayed in other parts of the country.

Salvator Niyonzima, the UNAIDS representative for GIPA, visited Indonesia this quarter. During his visit he took part in a round table discussion with legislators from Papua to gain their attention and support for HIV/AIDS prevention programs in Papua. Mr. Niyonzima was joined on this occasion by Eta, a PLWHA activist from Timika, and together they outlined the important role PLWHA can play in HIV/AIDS prevention. The legislators have now agreed to develop an agenda for Papuan legislators to tackle HIV in their province.

ASA GIPA specialist worked with a team from the ILO to adapt the ILO Code of Practice on HIV/AIDS in the World of Work to the Indonesian context, and took part in the seminar to launch this document (see under RP5 for more details on this event). He also gave a presentation on GIPA issues to the Unilever women's association.

During the workshop and seminar on behavior change intervention strategy in March it was agreed that all HIV/AIDS prevention efforts should carry the message of reducing stigma and discrimination against PLWHA, and that GIPA principles should be given a higher profile.

Other Special Activities

In Merauke, a TOT on Reproductive Health for Youth was held for 30 teachers from a total of 15 high schools and '*Sanggar Kegiatan Belajar*' (continuing education institutes). Taking place from 27 February to 1 March, the course was facilitated by a team that included five of the teachers who had been involved in formulating the Youth Reproductive Health Modules. It is hoped that these modules will soon be taught as part of the regular school curriculum.

RP1

<u>Indicators</u>	Target	Oct	Nov	Dec	Jan	Feb	Mar	Total to date
~Outreach Contacts								
-FSW	15,000	2,200	2,321	1,708	3,563	9,204	7,999	26,995
-IDU	2,500	645	1,081	1,314	885	1,436	1,103	6,464
-MSM	1,000	378	324	572	1,434	1,481	1,754	5,943
-Clients	10,000	2,481	2,015	2,205	4,399	11,729	10,264	33,093
~Active PE								
-FSW	1,100	184	262	293	496	338	381	-
-IDU	150	30	28	32	35	52	69	-
-MSM	75	31	55	70	79	69	75	-
-Clients	480	-	221	223	48	31	41	-
~Condom outlet	340	4	4	4	24	7	7	-
~Condom Distributed	6,000,000	8,393	5,990	5,935	11,205	60,876	28,916	121,315
~Safer sex package	40,000	-	-	-	-	-	-	-
~Disinfectant kit (bleach)	10,000	203	254	153	321	335	312	1,578
~Media spots (new)	3	-	-	1	-	-	-	1
~Persons trained in BCC	360	-	172	112	50	-	-	334

RP2: Strengthened STI and HIV Services

Improved Diagnosis and Treatment

The STI clinical management training program continued this quarter in Surabaya from 10–15 January. A total of 24 doctors, nurses, midwives and administration and lab staff from six clinics (four from East Java and two from Central Java) took part in a course that combined theory with a substantial practical component.

A number of clinics that received similar training in the last quarter were the focus of a monitoring and evaluation process in February and March. Given the interval between training (in November and December 2002) and startup (in January and February 2003), there was inevitably some diminishing of the training effect. The objective of this exercise was to ensure that the clinics are fulfilling the minimum standards set out in each subagreement concerning, for example, procedures, diagnosis and treatment. As part of the ongoing monitoring process, each clinic is required to send a sample number of patient medical records and test slides to Jakarta for evaluation. A study of the medical records revealed that only 70% of the cases had been diagnosed correctly, and some 75% treated according to the standard protocol. Technical assistance has been directly provided to these clinics, and improvements in both diagnosis and treatment should follow.

Coverage has also proved to be a challenge: the numbers of patients attending the clinics are still below target. Technical assistance is now being provided on how to approach potential clinic clients, for example, by building alliances with outreach organizations. The clinics monitored were in North Sulawesi (1 clinic) on 3–5 February; Jakarta (1 clinic) on 7 February; Jayapura (3 clinics) on 15–22 February, in the Riau Islands (4 clinics) from 24 February until 1 March, and in Semarang and Tegal (1 clinic each) in March.

Also in February, STI assessments were carried out on one clinic in West Java, two clinics catering mostly to FSW in Deli Serdang and Palembang, another in Belawan that caters primarily to clients, and two hospitals and two community health centers in Maluku. This was undertaken as part of the preparatory process required before ASA enters into a subagreement.

Over this quarter, ASA STI staff were part of the team making final revisions to the STI survey for FSW protocol being developed in conjunction with P2M. The ethical review is still being processed; once the review is completed, the new protocol will be used in the STI study beginning in May in Jayapura, Bitung, Banyuwangi, Semarang, Palembang, Medan and Tanjung Pinang.

Care and Support for PLWHA

An ambitious VCT Advocacy and Rapid Assessment program got underway this quarter, first as a trial run in Bandung, then in three cities in Papua. The program comprises three components, the first of which is a seminar—ideally for a group of about 50 potential stakeholders who are in a position to support or promote VCT—to provide an overview of VCT as a comprehensive approach to HIV counseling and testing, including referral for follow-up and treatment.

This is followed by the formation of a local team, drawn from government, NGOs and local PLWHA, who spend several days reviewing existing data on services and epidemiology, conduct interviews and observations of clinics, hospitals, pharmacies,

NGOs and other relevant sites. The final stage is a debriefing, in which the local team shares its preliminary findings with the stakeholder group.

The trial in Bandung took place on 24–27 February; three teams worked simultaneously, but the two days scheduled for the rapid assessment were deemed insufficient. As a result, when the Rapid Assessment was carried out in Papua between 2 and 19 March, four days were allowed for each of the three sites (Merauke, Jayapura and Sorong). The lessons learned through the process in each location led to the strategies and tools being refined slightly for each subsequent assessment.

In each location, the exercise stimulated interest in VCT. Members of the local teams not only gained a better appreciation of the entire spectrum of care and support, but also, through gathering data, making reports and presenting their findings, received a capacity building benefit. The same process will be undertaken in North Sulawesi, the Riau Islands and Surabaya over the next quarter. The exercise has also provided opportunities for cross-donor collaboration: ASA staff has briefed a team from the AusAID-sponsored IHPCP on ASA's experience with VCT and the plans for the rapid assessment, with a view to possible duplication and building of alliances in IHPCP areas.

On 28 February ASA's implementing agency, Widuri, led a case management advocacy seminar for various stakeholders. The presenters included Dr Pudji Hastuti, Director General of Social Services and Rehabilitation at the Ministry of Social Services, and Dr Susanti Herlambang, head of staff development and training at the city social welfare department. As a follow-up to the seminar, Widuri will facilitate monthly capacity building with the social welfare department staff specifically to develop their capacity for case management with PLWHA. In March, staff from ASA and Widuri made preparations for similar advocacy and training to be held in Papua in the next quarter. Widuri also led a coordination meeting for case managers in Jakarta on 14 March. This will be a monthly event.

HIV/AIDS counseling also received attention over this quarter. In Bandung, Yayasan Priangan held a course in counseling for 20 people from 3–7 March. Yayasan Mitra Indonesia held a refresher counselor training course for 10 people on 10–14 March and on 28 March held the first monthly coordination meeting for Jakarta-based counselors.

Although generic antiretroviral drugs are now available in Indonesia, knowledge about this therapy and who can benefit from it is still not widespread within the Indonesian medical or PLWHA communities. This quarter, ASA participated in several coordination meetings of the National Movement to Improve Access to HIV/AIDS Therapy. The movement, coordinated by Pokdisus RSCM, aims to raise the profile of ART among doctors and make it more widely available, especially to poorer people. ASA has also participated in the P2M teams to develop national guidelines on ART and TB-HIV.

ASA sponsored two people with HIV/AIDS from Papua to attend the third National PLWHA Meeting in Bogor on 24–27 February. Organized by Spiritia, the event brought together 39 PLWHAs from all over Indonesia and a further 11 involved people—doctors, nurses and support volunteers. As well as providing an opportunity for participants to get the latest information on HIV/AIDS and various therapies, the meeting strengthened the nationwide network and served to motivate several people to start up peer support groups in their own areas.

In March, ASA's new clinical care and support adviser accompanied a team from IHPCP on a care & support situational assessment in eight cities in Papua.

RP2

Indicators	Target	Oct	Nov	Dec	Jan	Feb	Mar	Total to date
~Appearing at clinic								
-FSW	10,000	366	223	427	1,038	1,193	1,377	4,624
-MSW	300	-	-	-	89	141	148	378
-Clients	8,000	54	45	61	72	153	273	658
~Received STI treatment								
-FSW	5,000	122	55	171	393	535	978	2,254
-MSW	180	-	-	-	-	45	45	90
-Clients	2,400	28	13	53	64	121	30	309
~# of PLWHA receive care and support services	100	-	-	-	-	24	15	39
~Clinic personnel trained	100	-	24	20	24	-	-	68

RP3: Enhanced Capacity and Quality of Government of Indonesia HIV/STI Surveillance Systems and Their Use of Epidemiological Data in Key Decision Making

Behavior Surveillance Survey

Data collection for the BSS was completed this quarter in South Sumatra, Jayapura, Sorong and Central Java, and is nearing completion in Ambon. The planned data collection from youth in Merauke is now set to begin in May/June 2003.

All the data is currently being processed and reports are being generated for each provinces. This round of the BSS has already yielded a great deal of important data on several indicators, including condom use among target groups. The indications are that reported use among clients is still very low, with obvious implications for planned interventions. The BSS has also highlighted the difficulty of collecting data from the clients of 'indirect' sex workers working in bars and massage parlors; the results so far have mostly been obtained from men visiting direct sex workers.

Final preparations, including the training of a data collection team, were made this quarter for the BSS among the uniformed services, which will take place in April in Jayapura, Ambon and Tanjung Pinang/Batam. More details on this can be seen under RP1, 'Client Interventions'.

"Live Analysis" Workshops for KPAD

Using the BSS data, live analysis workshops were held in six cities, all organized by the local KPAD. Each workshop culminated with the participants presenting the local HIV situation to top level decision makers from both the executive and the legislative branches of the local government. The workshops were well received and several districts are now in the process of planning strategic responses. The workshops were particularly successful in highlighting the need for prevention programs to target clients rather than sex workers. To raise the profile of HIV prevention efforts, press releases were issued and press conferences held, resulting in significant coverage in the local press, notably in Jakarta, Batam and Surabaya.

Live Analysis Workshops

Date	Location	No. of participants/KPAD
7–9 January	Jakarta	26; province + 4 districts
28–30 January	Batam	34; province + 3 districts
4–6 February	Surabaya	25; province + 3 districts
26–28 February	Bekasi, West Java	38; province + 2 districts
12–14 March	Manado	35; province + 2 districts
18–20 March	Merauke	23; province + 1 district

HIV Surveillance

The national HIV surveillance database is approaching the final stage of development. The specially designed software was trialed in February in West Kalimantan, and preparations were made for a second trial to be held at the Provincial Health Services in Jakarta in early April. Once up and running, the database will allow for local data entry and analysis at both local and national level. The new standard operating procedures for HIV sentinel surveillance being developed by P2M and ASA are also nearing completion after a long process of revision, and they are expected to be ready for dissemination to the provinces in May.

Public Policy Advocacy

At the beginning of this quarter, attention was focused on the exhibition of photographs of PLWHA at the House of Representatives (DPR) complex in Jakarta on 17–21 February. To coincide with the exhibition, which was organized jointly by Spiritia, ASA, IHPCP and IFPPD, there was a program of discussions and workshops which attracted a series of senior government ministers and officials, including the Minister of Health, the Minister of Manpower, the Deputy Chair of the DPR and the Chair of the House's Commission VII on Health and Population. The exhibition was preceded on 11 February by a round table discussion between ASA, IFPPD and Commission VII, with a number experts from the MoH, PKPM Atma Jaya and RSCM as source persons. On 18 February, a seminar was held specifically for parliamentarians who are not on Commission VII and therefore not as well-versed in HIV/AIDS and public health issues. Speakers on this occasion included the Coordinating Minister for Health and Welfare, as well as well-known HIV/AIDS and PLWHA activists.

ASA learned several important lessons, including the importance of have PLWHAs involved in all decision making especially in determining captions, promotional materials and the locations of future exhibitions. Overall, the event attracted good attendance as well as substantial press and TV coverage, and was highly successful in drawing the attention not only of the House but also of the public to the problems and realities of people with HIV/AIDS, and it managed to shatter many misperceptions.

In view of the important status of religion in Indonesia, ASA has taken a number of measures to win the cooperation of religious leaders in disseminating accurate and balanced information on HIV/AIDS, and finding ways to reconcile 'controversial' prevention activities—such as condom promotion—with religious teachings. To this end, a workshop was held on 11 and 12 March for leaders from Muhammadiyah, NU, and Majelis Ulama—three of the country's most influential Islamic organizations—on

HIV/AIDS and the roles and responsibilities of religion in HIV/AIDS prevention. This was followed on 13 March by a meeting on the same theme for leaders of both Islamic and other religious communities. Both the workshop and the meeting were opened by the Coordinating Minister for Health and Welfare.

One of the principal goals of the Non-Aligned Movement—of which Indonesia is a prominent member—is poverty eradication. This will be high on the agenda of the next regional meeting, to be held in Indonesia in April, and of subsequent meetings leading up to the next summit which is to be hosted by the current chair of NAM, South Africa. With this in mind, ASA met with the South African Ambassador and the South African Embassy’s First Secretary for Political Affairs to ensure that HIV/AIDS and its impact on a wide range of social and development issues is on this agenda, and receives the attention of Indonesia and other NAM member countries in Asia.

The ASA Program’s country director made a presentation on HIV/AIDS and human rights at a joint conference held by the Indonesian Medical Association, Uplift International and the University of Washington School of Law. ASA also participated in a Health Fair at the US Embassy, which was opened by actress and HIV/AIDS activist Nurul Arifin.

RP3

<u>Indicators</u>	Target	Oct	Nov	Dec	Jan	Feb	Mar	Total to date
~Press reports on HIV related issues	156	27	74	76	26	63	30	177

RP4: Strengthened Capacity of Local Organizations to Plan, Finance, Manage and Coordinate HIV/STI Responses

Steps were taken to improve local government capacity to use the data generated by the BSS. The initial ‘live analysis’ workshops (see under RP3) at six different sites involved a total of 181 people from district and province KPAD as well as representatives from related sectors. Each workshop followed the same format of local data presentation and ‘live’ analysis, identifying the strategic issues and their implications for program design, and developing an appropriate response.

Some districts have already followed up the workshop with the development of action plans. The district governments in West and North Jakarta have provided funding for their respective KPAD to disseminate the findings of the analysis to the relevant parties and develop a core team to draft a strategic plan. The West Jakarta KPAD has secured the concrete support of the Head of the District for a pilot project to promote 100% condom use in the Mapar area, where there is a high concentration of entertainment centers, and the local Health Service has been assigned to develop a business plan for an STI clinic to be set up in the area. An important development is that all the relevant institutions have been asked to nominate a specific person to the KPAD. The usual practice is to assign a position, which inevitably results in the institution being represented by several different people, leading to a diminished sense of ownership and continuity.

Following the workshop in North Sulawesi, the local authorities in Bitung have allocated a substantial sum to the KPAD to fund a prevention program directed primarily at clients.

The KPAD in Deli Serdang and Tebing Tinggi districts in North Sumatra, and Karimun district in Riau, are preparing to hold strategic plan meetings in April, and preparations are

being made for further BSS data analysis workshops over the next quarter in Jayapura, Sorong and Central Java.

Startup visits were made to 25 new IAs in Papua, East Java, West Java, Riau, Central Java, North Sumatra and Jakarta. These workshops included mentoring on all aspects of program management, financial management and outreach to ensure that each organization is capable of translating the activities specified in the subagreement into a feasible action plan.

RP4

<u>Indicators</u>	<u>Target</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Total to date</u>
~# of KPAD with a strategic plan								
-Provincial	9	3	3	3	4	4	4	-
-District	20	-	-	-	-	-	-	-
~# of KPAD members trained in advocacy	90	-	-	-	-	-	-	-
~# of KPAD with written plans for advocacy	6	-	-	-	-	-	-	-
~# of IAs completing annual financial review	70	-	-	-	-	-	-	-
~# of IAs submitting monthly financial reports	80	37	36	54	60	63	64	-
~# of IAs submitting monthly program reports	80	17	30	42	57	59	62	-

RP5: Increased Leveraging of Non-Program Programmatic Interventions and Financial Resources

The first major activity of the year was a core team training workshop for Mattel, the toy manufacturer, aimed at providing them with the tools to design and run an in-house HIV/AIDS prevention program. The workshop, which took place from 17 to 19 January, was attended by 18 managers and 7 senior managers, and the company's president director was present for the opening and closing. The company's workforce includes some 10,000 female employees, the majority of whom are young, single and living in dormitories. Mattel has made a commitment to provide training for each one of them. To this end, they have already carried out a risk assessment and are currently designing IEC materials in readiness for the launch of a communication campaign in mid-April. This will be followed by training for all employees, with assistance from ASA if necessary.

A significant event this quarter was a seminar, held jointly by ILO and ASA, entitled 'Action Against HIV/AIDS in the World of Work'. Keynote speakers at the seminar, which was held on 25 February, included the Minister of Manpower and Transmigration, the Coordinating Minister for People's Welfare and ILO's Country Director. Around 280 people attended, representing some 60 companies, labor unions, NGOs and government agencies. One of the seminar's purposes was the launch of the Indonesian version of the ILO Code of Practice on HIV/AIDS in the World of Work. It is hoped that the Ministry of Manpower and Transmigration, labor unions and ApIndo (the Indonesian employers' association), as well as individual companies, will eventually commit to this Code. The Ministry has indicated its support but there is a need now to assess where and what sort of regulations are needed.

On 28 February, UNAIDS GIPA specialist Salvator Niyonzima visited Indonesia and ASA took the opportunity to hold a small gathering for representatives from ILO, APINDO, NGOs, a number of local companies and KKI chairman Mari'e Muhammad, at which Mr. Niyonzima gave a presentation on the roles of people with HIV/AIDS in HIV prevention in the workplace.

A number of briefings were held for various local companies (see table below) on the HIV risks they face in their areas of operation and why they should take action. Some of these organizations have expressed interest in further training, which will take place in the next quarter.

Date	Company	No. of participants
10 Feb	Pertamina	10
10 March	Total Indonesia: Executive Briefing	3
4 & 5 April	Bank Tabungan Negara (BTN)	35
May	Rajawali Nusantara Indonesia	30 (estimated)
May	Riau Andalan Pulp & Paper (RAPP)	20 (estimated)

A larger meeting, but covering the same sort of advocacy, was held for 150 participants representing several large organizations operating in the Tanjung Priok port, including the Port Authority itself, Pelindo II and the Jakarta International Container Terminal, on 13 March 2003.

A capacity building workshop was held in Bogor on 18–19 February for KKI to prepare them to advocate and provide training to companies on workplace prevention. They will initially be working with BTN on developing an HIV prevention program.

A training day was held on 27 March at the Ministry of Manpower and Transmigration for HRD directors and medical officers from 25 companies from the transportation, oil and gas, mining, shipping and distribution sectors. ASA staff led sessions on various aspects of setting up and running HIV prevention programs, including STI, VCT and treatment. Dr Djoko Suharno, chairman of the National AIDS Commission, and Dr Haikin Rachmat, director of P2M/PL, were also present to give an overview of the epidemic in Indonesia. KKI and YKB will follow up over the next quarter by working with each company to facilitate the establishment of their prevention programs.

RP 5

<u>Indicators</u>	Target	Oct	Nov	Dec	Jan	Feb	Mar	Total to date
~# of IAs trained in promoting private sector leveraging	3	-	-	1	1	-	-	2
~# private sector firms with workplace programs	3	-	-	1	2	3	3	3

3. FHI/ASA MANAGEMENT AND STAFFING

Management

Management of the ASA Program proceeded efficiently throughout this quarter.

Subproject Proposal Development

Four (4) new subagreements were executed this quarter, bringing the total of active subagreements to sixty-five (65). Because several other major program activities were given priority, the finalization of new subagreements was relatively slow between January and March. At least ten (10) proposals are now at the stage where they require only small additions or corrections before they will be ready for processing in the coming month.

A total of twelve (12) Rapid Response Funding Proposals were also executed this quarter.

Monitoring of Activities

Monitoring teams consisting of relevant staff from the Technical Unit, Program Management Unit and Administration Unit, visited each of the major ASA target provinces during January and February in order to assess the progress of each implementing agency as well as to review the comprehensive program in each province. Visits were made to the office of each partner organization as well as to their activities in the field. Although the findings were in general positive, concerns were raised about (1) the limited coverage of outreach activities, especially for clients, (2) the capacity of IAs to monitor and report their own activities, (3) the low number of patients and the quality of services in some clinics, (4) collaboration among local implementing agencies, and (5) the ability of local KPAD to plan and manage appropriate HIV/AIDS activities. Strategies to address each of these concerns are already in development, and action will be taken during the next quarter to begin the process of improvement, though several of these issues—especially the last—will require significant time and inputs to effect any real change.

Extension of Collaborative Agreement

Work on the proposal documents for the extension of the ASA Program until September 2005 continued through January and February, with assistance in the preparation of the budgets by Ladda Trongtorsuk from FHI ARO. The final documents were submitted on 3 March 2003 by FHI Headquarters. A response from the USAID Contracts Office is expected in early April, with the strong likelihood that the collaborative agreement will be officially extended very soon thereafter.

BCI Strategy Development

As mentioned earlier, because of the concern of the limited coverage of outreach activities, ASA organized an intensive two-week effort in March to review current BCI activities and redefine strategies to emphasize the extensive expansion of coverage for all target groups, including a much greater effort to reach clients. ASA was assisted by Nancy Jamieson and Donna Flanagan from FHI ARO throughout the process, including a one-week workshop for technical and program management staff; a one-day seminar for all BCI stakeholders including local NGOs, the MoH and other donor organizations; and a one-day meeting with our sister project, the Indonesian HIV/AIDS Prevention and Care Project Phase 2 funded by AusAID. The ASA BCI team then followed these activities with an intensive three-day workshop to consolidate ideas and finalize specific strategies for each of our major target groups. Plans were also developed to socialize these new strategies in each

province, and to assist each individual implementing agency to review, adapt, and/or revise their own outreach activities in line with the new strategies during the next quarter.

Training in Advocacy for ASA Staff

A three-day training course on advocacy was organized for ASA technical and program management staff, including the program officers and program managers from each of the ASA provinces from 28–30 March 2003. The training was designed and facilitated by Mansoer Fakhri from INSIST in Yogyakarta, making maximum use of his extensive experience in this field. Although only a basic introduction was possible during the limited time, all participants felt that the workshop was extremely useful in focusing their thinking on the process of advocacy and the complexity of issues related to HIV/AIDS policy development. ASA will explore the possibility of organizing additional workshops on advocacy in the near future in order to further develop a practical capacity to effectively promote HIV/AIDS issues with the government and other key stakeholders.

Internal ASA Meeting

Immediately following the Advocacy Training, a two-day meeting was held for all ASA staff, including those from the provinces, from 31 March to 1 April 2003 in Jakarta. The major topics discussed included (1) results of the provincial monitoring, (2) presentation and discussion of the new BCI strategies; (3) collection and review of data concerning coverage of major target groups, and (4) a variety of outstanding administrative issues. As expected, the opportunity to discuss program concerns among all staff was extremely useful, and helped significantly to clarify issues from both Jakarta and the field as well as to set the direction of future efforts.

Staffing

During these quarter the following full-time staff were hired:

M. Juharto	GIPA Specialist	1 January 2003
Dian Widyanarti	Executive Secretary	17 January 2003
Dr. Hendra Wijaya	Clinical Care and Support	29 January 2003
Richard Howard	Private Sector Specialist	2 February 2003
Rachel Suweny	Secretary: ASA Papua	10 February 2003
Alvius Parma	Fund Management Officer	1 March 2003
Frank Malingkas	Accounting Officer	17 March 2003
Herni Suwartini	Program Officer: S. Sumatra	27 March 2003

During this quarter, Edward Hutapea and Juniar Heryoso from the Finance Unit both resigned effective 28 February 2003 in order to pursue other career opportunities, and Tata Maddie Thanos, the former Executive Secretary, also resigned effective 20 January 2003 in preparation for her marriage and subsequent relocation to Australia.

Consultants

The ASA Program received technical assistance from the following consultants during this quarter:

- Made Efo Suarmiarta, Budiyanto, Supriyanto, Gede Ngurah Surya Anaya, Leonard Franklin and Ade Zam Zam continued to provide assistance as facilitators during the final sessions of the Basic Outreach Skills Training for ASA partner NGOs in January.
- Rio Helmi and Irwan Julianto completed their work on the photo exhibition concerning people living with HIV/AIDS which concluded with the installation of the very successful exhibition in the national House of Representatives Building in February.
- Dr. Ade Chandra continued his work on the preparation of modules on the clinical care and support for HIV/AIDS which will be included in training programs for health care providers at the National Health Training Center in Makassar.
- Mansoor Fakhri provided facilitation skills during the three-day training in advocacy for ASA staff in March 2003.
- Izhar Fahir and Stephanie Pirolo continued to provide technical assistance on the finalization of the private sector training modules and in preparing several local NGOs to facilitate the private sector in developing HIV/AIDS workplace programs.
- Brad Otto continued his work on developing software and a related training course on HIV/AIDS surveillance data analysis and management for the MoH.
- Sally Wellesley continued to provide excellent assistance in report writing and the preparation of a variety of program documents.

Visitors

The program also received assistance from the following international visitors this quarter:

- Danielle Alford and Dave Burroughs from the Burnett Institute; Umesh Sharma and Ton Smits from AHRN; and several international experts on harm reduction including Shamin Rabbani, Rahman Zakiour, Irina Baumgartner and Ton Snip attended a series of workshops for implementing agencies, police and other relevant government agencies on harm reduction and related advocacy issues in the second half of January as well as a strategic review of ASA Program interventions targeting IDUs.
- Ladda Trongtorsuk from FHI ARO provided valuable assistance in the development of budgets for the collaborative agreement extension from 20 to 24 January 2003.
- Nancy Jamieson (9–21 March) and Donna Flanagan (10–15 March) from FHI ARO provided expert assistance during the various meetings, workshops and discussions concerning the revision of the BCI strategies.
- Hasibul Haque from FHI Bangladesh also attended the BCI strategy development activities from 9–21 March as part of his orientation to HIV/AIDS programming.

4. PRODUCTS AND MATERIALS PRODUCED THIS QUARTER

The following product was produced this quarter:

- A small Block Note booklet promoting condom use among clients.

5. MAJOR ACTIVITIES PLANNED FOR THE NEXT QUARTER

The major activities planned for the next quarter, April to June 2003, include:

- Subagreement Development. The large majority of the remaining 24 proposed subagreements for this year should be finalized and executed during the next quarter.
- Amendment to the Collaborative Agreement. A response from the USAID Contracts Office concerning the extension documents should be received in early April, with the extension of the program until September 2005 officially approved soon afterwards.
- FHI Internal Review of the ASA Program is scheduled for early June 2003, with the collaboration of FHI ARO.
- BCI Activities will include the socialization of the new BCI strategies to all relevant IAs and negotiation of appropriate changes to their subagreements through provincial meetings and one-on-one sessions with each IA.
- A large variety of IEC Materials will be developed for each of our major target groups with the assistance of a special consultant to organize and manage the process.
- Basic Outreach Skills Training will be organized for new outreach workers in Jayapura and Surabaya in April.
- Live Analysis Workshops to facilitate the collaborative analysis and use of surveillance data for strategic planning will be organized by the Population Council and BPS Statistics Indonesia for KPAD in Central Java, South Sumatra, Sorong and Jayapura.
- BSS Data Collection within the Uniformed Services will continue throughout April in Jayapura, Ambon and Tanjung Pinang/Batam, with data entry and preliminary analysis scheduled for May and June.
- BSS Data Collection among Youth in Papua is scheduled for May.
- Training in Data Management for MoH staff will be pretested in Jakarta in April before being finalized and implemented throughout the country beginning in July.
- VCT Advocacy and Rapid Assessments will be organized in North Sulawesi (7–17 April), East Java (20–25 April) and Riau (28 April–8 May).
- Training in Case Management, cosponsored by Widuri and ASA, will be held in Papua from 1–14 April; Training in HIV/AIDS Counseling, cosponsored by Yayasan Mitra Indonesia and ASA, will be organized in Papua during June; and a special Training for Counselors will be organized with both Yayasan Mitra Indonesia and Widuri in Jakarta during May.
- STI Clinical Management Training is scheduled for partner clinics in North Sumatra, South Sumatra, West Java and Riau during the next quarter.
- Reproductive Tract Infection Procedure Survey in FSW will begin in May with data collection in seven selected cities throughout the ASA target provinces.
- Monitoring of STI Clinics will continue throughout the quarter.

- Mass Media Campaign. The findings from the AC Nielsen Consumer Survey will be presented to the Directorate General for CDC in April as a first step to developing plans for the re-airing of the five ASA TV spots which have been suspended.
- Work will continue on the development of the National Guidelines for Care and Support in collaboration with CDC/MoH, with completion scheduled for July 2003.
- Work will also continue on the development of a curriculum and modules for Training in Clinical Care and Support in collaboration with the National Health Training Center in Makassar.
- Private Sector activities will focus on the training of selected NGOs in workplace program facilitation, development of workplace programs directly in several private companies, and continued networking with private sector related organizations.
- A Training in Program Management for partner NGOs in South Sumatra will be organized by Business Dynamics from 21–24 April in Palembang.
- A variety of Seminars for Faith-based Organizations on HIV/AIDS prevention will be organized in Riau, Surabaya and Jakarta during the next quarter.
- ASA will support a large contingent of eight people from MoH, NGOs and ASA to the International Conference on AIDS and Narcotics in Chiang Mai, Thailand from 6–10 April 2003.
- A second Workshop on IDU Risk Reduction for the Indonesian NGO Network will be held from 30 April to 2 May 2003 in Jakarta.

GLOSSARY

AHRN	Asian Harm Reduction Network
ARO	Asia Regional Office
ART	Antiretroviral Therapy
ASA Program	Aksi Stop AIDS Program
BCI	Behavior Change Intervention
BNN	<i>Badan Narkotika Nasional</i> (National Narcotics Agency)
BPS	<i>Biro Pusat Statistik</i> (Central Bureau of Statistics)
BSS	Behavior Surveillance Survey
CDC and EH	(Directorate of) Communicable Disease Control and Environmental Health
CHR	Centre for Harm Reduction, Burnet Institute
CHRUI	Center for Health Research, University of Indonesia
DepHan	<i>Departemen Pertahanan</i> (Ministry of Defense)
DKI Jakarta	<i>Daerah Khusus Ibukota Jakarta</i> (the provincial-level administrative unit covering Jakarta)
DinKes	<i>Dinas Kesehatan</i> (Province/District Office of the MoH)
DPR	<i>Dewan Perwakilan Rakyat</i> (House of Representatives)
DPRD	<i>Dewan Perwakilan Rakyat Daerah</i> (Provincial/District Legislative Council)
FHI	Family Health International
FSW	Female Sex Worker
GoI	Government of Indonesia
GIPA	Greater Involvement of People with HIV/AIDS
HIV	Human Immunodeficiency Virus
IA	Implementing Agency
IDU	Injecting Drug User
IEC	Information, Education and Communication
IFPPD	Indonesian Forum of Parliamentarians on Population and Development
IHPCP	Indonesia HIV/AIDS Prevention and Care Project Phase 2 (AusAID)
ILO	International Labour Organization of the United Nations
ILOM	Indigenous Leader Outreach Model
KADIN	<i>Kamar Dagang Indonesia</i> (Indonesian Chamber of Commerce)
KPAD	Komisi Penanggulangan AIDS Daerah (Regional AIDS Prevention Commission)
KKI	Komite Kemanusiaan Indonesia
LPDS	Lembaga Pers Dr Soetomo
MoH	Ministry of Health
MSM	Men who have Sex with Men
MSW	Male Sex Worker
NGO	Non-Governmental Organization
PATH	Program for Appropriate Technology in Health
P2M/PL	Dit. Jen. Pemberantasan Penyakit Menular dan Penyehatan Lingkungan (Directorate of Communicable Disease Control and Environmental Health)
PKPM Atma Jaya	Pusat Kajian Pengembangan Masyarakat Atma Jaya (Center for Societal Development Studies, Atma Jaya)
PLWHA	People Living With HIV/AIDS
Pokdisus RSCM	<i>Kelompok Diskusi RSCM</i> – a discussion group of doctors based at RSCM
PSA	Public Service Announcement
<i>puskesmas</i>	<i>Pusat Kesehatan Masyarakat</i> (Community Health Center)
RP	Result Package
RRF	Rapid Response Fund
RSCM	Rumah Sakit Cipto Mangunkusumo (Cipto Mangunkusumo Hospital)
SA	Subagreement
STI	Sexually Transmissible Infection
TA	technical assistance
TOT	Training of Trainers
UI	University of Indonesia
UNAIDS	Joint United Nations Programme on HIV/AIDS
VCT	voluntary counseling and testing
<i>waria</i>	male transvestite
WHO	World Health Organization
YKB	Yayasan Kusuma Buana
YMI	Yayasan Mitra Indonesia

